

UNITED STATES DEPARTMENT OF PATENTS AND TRADEMARKS Washington, D.C. 20231

APPLICATION NUMBER FILING/RECEIPT DATE FIRST NAMED APPLICANT	A WOOD I'V TO OVER 10 OF 1
	ATTORNEY DOCKET NO THILE
09/023/201	6067
000021	
SENNIGER POWERS, LEAVITT, & ROEDEL NOT	P ASSIGNED
ONE METROPOLITAN SOUARE	The Court of the C
16TH FLOOR WSX Louis MO 63102	
DATE MAILEI	D:07/27/98
NOTICE TO FILE MISSING PARTS OF APPLICATION	
Filing Date Granted	
An Application Number and Filling Date Have been assigned to this a treation. The items indicated be is given TWO MONTHS FROM THE DATE OF THIS NOTICE with the price of the all required items a abandonment. Extensions of time may be about the price of t	low, however, are missing. Applicant
abandonment. Extensions of time may be obtained by filling a petition accompanied by the extension 1:136(a) If any of items 1 or 3 through sall indicated as missing, the SURCHARGE set forth in 37 entity in compliance with 37 CFR 1-27 by 132 missing, the SURCHARGE set forth in 37	nd pay fees required below to avoid the under the provisions of 37 CFR
entity in compliance with 37 CFR 1.27 by 3.32 100 for a non-small entity, must also be timely	CFR 1.16(e) of ☐ \$65.00 for a small
to avoid abandonment.	separated in reply to this NOTICE
If all required items on this forth are filed within the period set above, the total amount owe	ed by applicant as a
2 simula official (state med) A non-small entity is \$ 1500	a by approant as a
1. The statutory basic filing fee is:	
□ Insufficient.	
Applicant must submit \$to complete the basic filing fee and/or file a such status (37 CFP1-27).	a small entity statement claiming
☐ 2. Additional claim fees of \$, including any multiple dependent claim fee	es, are required
for independent claims over 3.	
\$dependent claims over 20.	
for multiple dependent claim surcharge	
Applicant must either submit the additional claim fees or cancel additional claims for which	h fees are due.
does not cover the newly submitted items	
does not identify the application to which it applies.  does not include the city and state or foreign country of applicant's residence.	
All bath or declaration in compliance with 37 CFR 1 63 including residence information on	d identifying the application by
The second princation realition and I ming Date is required.	
1.43 or 1.47	
A property signed oath or declaration in compliance with 37 CFR 1.63, identifying the applic	cation by the above
Application Number and Filing Date, is required.  5. The signature of the following joint inventor(s) is missing from the oath or declaration:	
or declaration:	
An oath or declaration in compliance with 37 CFR 1.63 listing the names of all inventors and	d signed by the artifact
ing application by the above Application Number and Filling Dafe" is	requitted
ter 6. A \$50.00 processing fee is required since your check was returned without navment (2 1) Etc	11.21(nt))
7. Your filing receipt was mailed in error because your check was returned without payment.  8. The application does not comply with the Seguence Rules.	
See attached "Notice to Comply with Sequence Rules 37 CFR 1.821-1.825."	
□ 9. OTHER:	
Direct the reply and any questions about this notice to Attention: Box Missing Rarts	
A copy of this notice MUST be returned with the re	
1 12/20 )	-piy-
Alsidaner Service Center	
odial Patient Examination Division (703) 308-1262	